## Delta Fly Fishers Inc. Membership Renewal Form

Family Membership is \$35.00, Regular Membership \$30.00 or \$25.00 for an individual 62 years or older. Dues are for one year September 1st to August 31th of the following year. Make check payable to **Delta Fly Fishers**. Please fill out this form, then mail it and your check to **Bob Fujimura**, **Membership Chair**, **PO Box 1562**, **Lodi**, **CA 95241**-1562.

Family Renewal	Regular Renewal	Senior Renewal
Name		Spouse
CHECK IF NO CHAI	NGE IN CONTACT INF	FORMATION
IF THERE IS A CHA	NGE IN YOUR CONTA	ACT INFORMATION, PLEASE
COMPLETE THE RE	EST OF THIS FORM	
Address		
City	Sta	te Zip
Home Phone (	)	Cell ()
E-mail*		
*Preferred method	to receive the month	ly newsletter
	njimura at (209) 339-060 il.com if you have any q	83 or e-mail at uestions on your membership status or

c/c 10/25/10